

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

☐Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2007

through

05

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

06

08

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		179267.79
(b) Cash on Hand at Beginning of Reporting Period .....	199344.44	
(c) Total Receipts (from Line 19) .....	12214.24	60790.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	211558.68	240058.68
7. Total Disbursements (from Line 31) .....	19000.00	47500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	192558.68	192558.68
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8066.13	29904.64
(i) Itemized (use Schedule A) .....	3470.37	27741.84
(ii) Unitemized .....	11536.50	57646.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤		
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	11536.50	57646.48
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	677.74	3144.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12214.24	60790.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12214.24	60790.89

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		6500.00	19500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		12500.00	28000.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		19000.00	47500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		19000.00	47500.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11536.50	57646.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11536.50	57646.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Brooke Alexy Mailing Address 15401 Oak Pond Lane City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Counsel, Asst General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 793.25		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81384 Amount of Each Receipt this Period 161.54 Receipt Payroll Deduction: (80.77- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) David Anderson Mailing Address 15917 Willis Way City State Zip Code Woodbine MD 21797 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Strategic Pricing & O Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81275 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Armstrong Mailing Address 6864 Rob Roy Drive City State Zip Code Dublin OH 43017-8084 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Dir, Finance Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.98		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81289 Amount of Each Receipt this Period 44.36 Receipt Payroll Deduction: (22.18- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		245.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Cassandra Baker Mailing Address 1672 Barrington Rd City State Zip Code Upper Arlington OH 43221 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Gov&apos;t Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 561.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81364 Amount of Each Receipt this Period 102.00 Receipt Payroll Deduction: (51.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) James Barker Mailing Address 2761 Skelton Ln City State Zip Code Blacklick OH 43004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Dir, Consumer Health Product Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.89		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81285 Amount of Each Receipt this Period 41.98 Receipt Payroll Deduction: (20.99- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Baumli Mailing Address 14566 Somerset Cir City State Zip Code Green Oaks IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Manufacturing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 281.27		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81296 Amount of Each Receipt this Period 51.14 Receipt Payroll Deduction: (25.57- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		195.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Laurel Beeler Mailing Address 1723 Eagle Trl City State Zip Code Oxford MI 48371 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Dir, Reg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81292 Amount of Each Receipt this Period 50.00 Receipt Payroll Deduction: (25.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Porter Bertelson Mailing Address 6895 Macneil Dr City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Hospital Pharma Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.53			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81316 Amount of Each Receipt this Period 72.46 Receipt Payroll Deduction: (36.23- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Boes Mailing Address 103 La Trobe Ct City State Zip Code Southlake TX 76092 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Medication Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.73			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81385 Amount of Each Receipt this Period 172.86 Receipt Payroll Deduction: (86.43- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**295.32**

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Scott Bostick Mailing Address 1546 Vivaldi Drive City State Zip Code Cardiff CA 92007 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Gm-supply Chain Solution Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81334 Amount of Each Receipt this Period 80.00 Receipt Payroll Deduction: (40.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Anne Bouchenoire Mailing Address 5772 Banavie Ct City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Global Branding Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 407.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81317 Amount of Each Receipt this Period 74.00 Receipt Payroll Deduction: (37.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Branday Mailing Address 55 Island Blvd City State Zip Code Fox Island WA 98333 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Integrated Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.35		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81314 Amount of Each Receipt this Period 63.70 Receipt Payroll Deduction: (31.85- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		217.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Burke Mailing Address 21 Parsons Drive City State Zip Code Swampscott MA 01907 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Supply Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.19		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81287 Amount of Each Receipt this Period 42.58 Receipt Payroll Deduction: (21.29- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Cacciatore Mailing Address 3810 Loch Glen Court City State Zip Code Houston TX 77059 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Regulatory Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.18		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81312 Amount of Each Receipt this Period 63.46 Receipt Payroll Deduction: (31.73- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Calhoun Mailing Address 5n496 W Lakeview Cir City State Zip Code St Charles IL 60175 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Warehouse Distribution Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 308.88		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81300 Amount of Each Receipt this Period 56.16 Receipt Payroll Deduction: (28.08- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		162.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Debra Caravelli Mailing Address 4862 Vista Ridge Dr City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Hr Service Deliv/vend Mgm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00		Date of Receipt MM / DD / YYYY 05 / 11 / 2007 <b>Transaction ID:</b> 70608.C81286 Amount of Each Receipt this Period 42.00 Receipt Payroll Deduction: (21.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Cones Mailing Address 4826 Macallan Court West City State Zip Code Dublin OH 43017-8269 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.26		Date of Receipt MM / DD / YYYY 05 / 11 / 2007 <b>Transaction ID:</b> 70608.C81252 Amount of Each Receipt this Period 37.32 Receipt Payroll Deduction: (18.66- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Cooney Mailing Address 2211 Briarglen #507 City State Zip Code Houston TX 77027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 532.90		Date of Receipt MM / DD / YYYY 05 / 11 / 2007 <b>Transaction ID:</b> 70608.C81366 Amount of Each Receipt this Period 53.29 Receipt Payroll Deduction: (53.29- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		132.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 42

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bonita Court Mailing Address 1306 Downs Parkway City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Sr Mgr, Sls & Mktg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.63		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81290 Amount of Each Receipt this Period 44.66 Receipt Payroll Deduction: (22.33- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Jody Davids Mailing Address 7638 Red Bay Court City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Evp, Global Shared Svc & C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81363 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Ted Dibiase Mailing Address 8103 Catalina Island Drive City State Zip Code Katy TX 77494 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Advice & Counsel Ctr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 673.20		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81374 Amount of Each Receipt this Period 122.40 Receipt Payroll Deduction: (61.20- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		267.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

A. Scott Dodson

Mailing Address 7000 Grate Park Dr

City State Zip Code  
 New Albany OH 43054

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Controller, Nlc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.79

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81255

Amount of Each Receipt this Period

39.78

Receipt

Payroll Deduction: (19.89-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Gary Dolch

Mailing Address 8382 Deep Run

City State Zip Code  
 Powell OH 43065

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Evp, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81319

Amount of Each Receipt this Period

39.23

Receipt

Payroll Deduction: (39.23-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Gary Dolch

Mailing Address 8382 Deep Run

City State Zip Code  
 Powell OH 43065

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Evp, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: 70608.C81484

Amount of Each Receipt this Period

192.30

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

271.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) James Egan Mailing Address 4650 Aberdeen Ave City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Enterprise It Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.27			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81298 Amount of Each Receipt this Period 53.14 Receipt Payroll Deduction: (26.57- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Stephen Falk Mailing Address 2480 Sandover Rd City State Zip Code Columbus OH 43220 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81183 Amount of Each Receipt this Period 10.00 Receipt Payroll Deduction: (10.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Falk Mailing Address 2480 Sandover Rd City State Zip Code Columbus OH 43220 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81440 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (100.0- 0/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

163.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Jo Anne Fasetti Mailing Address 1163 Vineyard Dr City State Zip Code Gurnee IL 60031 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 509.85			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81338 Amount of Each Receipt this Period 92.70 Receipt Payroll Deduction: (46.35- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Ivan Fong Mailing Address 2205 East Broad St. City State Zip Code Columbus OH 43209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Chief Legal Officer & Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81257 Amount of Each Receipt this Period 384.60 Receipt Payroll Deduction: (192.3- 0/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Brendan Ford Mailing Address 798 Tweed Court City State Zip Code Worthington OH 43085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Evp, Corp Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81212 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0- 0/Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			677.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Giacalone Mailing Address 7471 Balfoure Circle City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Reg Affairs/chf Reg Cnsl Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 439.01			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81321 Amount of Each Receipt this Period 79.82 Receipt Payroll Deduction: (39.91- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Glover Mailing Address 5633 N Kostner Ave City State Zip Code Chicago IL 60646 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Health Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 313.06			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81302 Amount of Each Receipt this Period 56.92 Receipt Payroll Deduction: (28.46- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) David Goldsberry Mailing Address 321 St Andrews Ln City State Zip Code Gurnee IL 60031 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Govt Sales & Operatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.55			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81254 Amount of Each Receipt this Period 38.10 Receipt Payroll Deduction: (19.05- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			174.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) David Gonzales Mailing Address 4518 Rosedale Ave City Austin State TX Zip Code 78756 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Dir, State Govt Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81362 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) L Glenn Hall Mailing Address 6678 Willow Grove Ln Circle #1502 City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Gm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.08		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81310 Amount of Each Receipt this Period 60.56 Receipt Payroll Deduction: (30.28- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Troy Hanson Mailing Address 5622 Dorsey Drive City Columbus State OH Zip Code 43235 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Director, Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.45		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81291 Amount of Each Receipt this Period 45.90 Receipt Payroll Deduction: (22.95- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		206.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Hartman Mailing Address 7677 Tartan Fields Dr City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Evp, Operational Excel Hscs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1012.77		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81388 Amount of Each Receipt this Period 184.14 Receipt Payroll Deduction: (92.07- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Linda Harty Mailing Address 1761 Roxbury Rd City State Zip Code Columbus OH 43212 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Evp, Cfo, Scs Healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1183.60		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81213 Amount of Each Receipt this Period 215.20 Receipt Payroll Deduction: (107.6- 0/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Heard Mailing Address 8106 Bulrush Canyon Trail City State Zip Code Katy TX 77494 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Ips Health Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81293 Amount of Each Receipt this Period 50.00 Receipt Payroll Deduction: (25.00- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		449.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

A. James Hethcox

Mailing Address 5442 Haverhill Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Is Medication Executive, Ips

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.59

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81315

Amount of Each Receipt this Period

65.38

Receipt

Payroll Deduction: (32.69-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Robin Hoke

Mailing Address 2134 Yorkshire Road

City State Zip Code  
Columbus OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Strategic Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.61

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81301

Amount of Each Receipt this Period

28.19

Receipt

Payroll Deduction: (28.19-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Stephen Inacker

Mailing Address 1490 S Ridge Rd

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Evp, Global Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.91

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81305

Amount of Each Receipt this Period

59.62

Receipt

Payroll Deduction: (29.81-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

153.19

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Johnson Mailing Address 221 W Lancaster Ave # 2012 City Fort Worth State TX Zip Code 76102 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, South Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 327.91		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81304 Amount of Each Receipt this Period 59.62 Receipt Payroll Deduction: (29.81- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Remi Kajogbola Mailing Address 15751 Sheridan St #149 City Fort Lauderdale State FL Zip Code 33331 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Integrated Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 624.03		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81368 Amount of Each Receipt this Period 113.46 Receipt Payroll Deduction: (56.73- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Kennedy Mailing Address 4783 Vista Ridge Dr City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Ips Sales Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.89		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81303 Amount of Each Receipt this Period 57.98 Receipt Payroll Deduction: (28.99- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		231.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

A. Joseph Kubicek

Mailing Address 443 Douglas

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.95

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81295

Amount of Each Receipt this Period

50.90

Receipt

Payroll Deduction: (25.45-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Mrktng, Retail/alt Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.43

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81369

Amount of Each Receipt this Period

118.26

Receipt

Payroll Deduction: (59.13-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. James Leidl

Mailing Address 95 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp/gm, V Mueller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.40

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81283

Amount of Each Receipt this Period

40.80

Receipt

Payroll Deduction: (20.40-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

209.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Group Pres, Med Products Mfg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.40

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81249

Amount of Each Receipt this Period

161.54

Receipt

Payroll Deduction: (161.5-  
4/Pay Period )

B. Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Group Pres, Med Products Mfg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1969.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: 70608.C81550

Amount of Each Receipt this Period

353.84

Receipt

Payroll Deduction: (353.8-  
4/Pay Period )

C. Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City State Zip Code  
 West Worthington OH 43235

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Dir, Hr Svc Delivery/transform

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: 70608.C81288

Amount of Each Receipt this Period

44.00

Receipt

Payroll Deduction: (22.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

559.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robin Martial Mailing Address 1741 Haggin Grove W City State Zip Code Carmichael CA 95608 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Evp, Sales & Mktg- Hlth Sy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81281 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Janice Mccampbell Mailing Address 8001 Millenium Drive City State Zip Code Raleigh NC 27614 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Worldwide Disposables Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 317.30			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81311 Amount of Each Receipt this Period 63.46 Receipt Payroll Deduction: (31.73- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Lindy Mclean Mailing Address 7272 Black Abbey Ct City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Mgr, Key Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.31			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81313 Amount of Each Receipt this Period 63.58 Receipt Payroll Deduction: (31.79- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			167.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Merkin Mailing Address 1481 Country Ln City State Zip Code Deerfield IL 60015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81336 Amount of Each Receipt this Period 80.00 Receipt Payroll Deduction: (40.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Frederick Nelson Mailing Address 7303 Deacon Court City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Integrated Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 409.97		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81318 Amount of Each Receipt this Period 74.54 Receipt Payroll Deduction: (37.27- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Orscheln Mailing Address 601 Buckingham Pl City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp/gm, Ambulatory Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81280 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

194.54

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) William Owad Mailing Address 7558 Heatherwood Ln City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.04		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81162 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Perrine Mailing Address 7249 Landon Lane City State Zip Code New Albany OH 43054 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Enterprise It Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81278 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Peters Mailing Address 465 Fourth Fairway Drive City State Zip Code Roswell GA 30076 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Evp, Ips Sales Se Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.77		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81360 Amount of Each Receipt this Period 100.14 Receipt Payroll Deduction: (50.07- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		142.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) George Plava Mailing Address 3526 Pembroke Dr City Richmond State TX Zip Code 77469 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Pharmacy Practice Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 723.80		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81375 Amount of Each Receipt this Period 131.60 Receipt Payroll Deduction: (65.80- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Kathy Popejoy Mailing Address 11127 W 59th Ave City Arvada State CO Zip Code 80004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Mgr, Region Ops B Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.36		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81284 Amount of Each Receipt this Period 41.52 Receipt Payroll Deduction: (20.76- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) William Rampy Mailing Address 103 Foxglove Ln City Bentonville State AR Zip Code 72712 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Franchise Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 571.01		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81365 Amount of Each Receipt this Period 103.82 Receipt Payroll Deduction: (51.91- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		276.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Reardon Mailing Address 5078 Breckenhurst Dr City Hilliard State OH Zip Code 43026 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Qra Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81274 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Cynthia Rhomberg Mailing Address 9379 Redan Court City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Corp Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81277 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Sandra Rigopoulos Mailing Address 307 S Hi Lusi Ave City Mt Prospect State IL Zip Code 60056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Customer Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 959.86		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81386 Amount of Each Receipt this Period 174.52 Receipt Payroll Deduction: (87.26- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		254.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Rosenbaum Mailing Address 6565 Lockhart Lane City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Pres, Ips Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81242 Amount of Each Receipt this Period 150.00 Receipt Payroll Deduction: (150.0-0/Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Rosenbaum Mailing Address 6565 Lockhart Lane City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Pres, Ips Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1692.30		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81489 Amount of Each Receipt this Period 192.30 Receipt Payroll Deduction: (192.3-0/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Claudia Russell Mailing Address 5064 Seagrove Cove City State Zip Code San Diego CA 92130 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Strategy & Innovation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 448.38		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81337 Amount of Each Receipt this Period 84.60 Receipt Payroll Deduction: (42.30-/Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		426.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) David Schlotterbeck Mailing Address 12 Hermitage Lane City Laguna Niguel State CA Zip Code 92677 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation CEO, Clinical & Medical Pr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1284.60			Date of Receipt MM / DD / YYYY 05 / 11 / 2007 <b>Transaction ID:</b> 70608.C81258 Amount of Each Receipt this Period 384.60 Receipt Payroll Deduction: (192.3- 0/Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Scrase Mailing Address 8358 Davington City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Director, Enterprise It Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 301.18			Date of Receipt MM / DD / YYYY 05 / 11 / 2007 <b>Transaction ID:</b> 70608.C81299 Amount of Each Receipt this Period 54.76 Receipt Payroll Deduction: (27.38- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Frank Segrave Mailing Address 5371 Gordon Way City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation President, Generics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00			Date of Receipt MM / DD / YYYY 05 / 11 / 2007 <b>Transaction ID:</b> 70608.C81279 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			459.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Segrave			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 5371 Gordon Way			<b>Transaction ID:</b> 70608.C81491	
City State Zip Code Dublin OH 43017			<b>Amount of Each Receipt this Period</b> 192.30	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Receipt</b>	
Name of Employer Cardinal Health, Inc		Occupation President, Generics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 392.30		
<b>B.</b> Full Name (Last, First, Middle Initial) Kendell Sherrer			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 7720 Heatherwood Ln			<b>Transaction ID:</b> 70608.C81282	
City State Zip Code Dublin OH 43017			<b>Amount of Each Receipt this Period</b> 40.22	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Receipt</b>	
Name of Employer Cardinal Health, Inc		Occupation Vp, Hr Business Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.21		
<b>C.</b> Full Name (Last, First, Middle Initial) Jesse Sims			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 11014 Black Falls Ct			<b>Transaction ID:</b> 70608.C81361	
City State Zip Code Sugar Land TX 77478			<b>Amount of Each Receipt this Period</b> 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Receipt</b>	
Name of Employer Cardinal Health, Inc		Occupation Mgr, Service - Technical		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			332.52	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Stauffer Mailing Address 10644 Dundee Ct City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 587.51			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81367 Amount of Each Receipt this Period 106.82 Receipt Payroll Deduction: (53.41- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Summers Mailing Address 146 Chasely Circle City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Health Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.56			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81297 Amount of Each Receipt this Period 51.92 Receipt Payroll Deduction: (25.96- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Jane Tew Mailing Address 6315 Duffy Rd City State Zip Code Delaware OH 43015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Field Sales Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81294 Amount of Each Receipt this Period 50.00 Receipt Payroll Deduction: (25.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**208.74**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 32 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Walsh Mailing Address 8722 Sweetwater Ct City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Flight Ops/bus Cont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 434.72			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81320 Amount of Each Receipt this Period 79.04 Receipt Payroll Deduction: (39.52- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Walter Mailing Address C/o Cardinal Health 7000 Cardinal Place City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2112.22			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81256 Amount of Each Receipt this Period 384.04 Receipt Payroll Deduction: (192.0- 2/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Carole Watkins Mailing Address 1967 Woodlands Place City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Chief Human Resources Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81335 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (40.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**503.08**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Carole Watkins Mailing Address 1967 Woodlands Place City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Chief Human Resources Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 592.30		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81488 Amount of Each Receipt this Period 192.30 Receipt Payroll Deduction: (192.3-0/Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Deborah Wolin Mailing Address 44 Lake Mist Drive City State Zip Code Sugar Land TX 77479 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Counsel, Sr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81276 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00-/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Connie Woodburn Mailing Address 9761 Erin Woods Dr City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Prof & Gov't Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1408.88		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 70608.C81225 Amount of Each Receipt this Period 256.16 Receipt Payroll Deduction: (128.0-8/Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		488.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		8066.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 42

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Comerica Bank		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address Po Box 75000 (mc 2250)		<b>Transaction ID:</b> 70510.C81161	
City Detroit	State MI	Zip Code 48275-2250	Amount of Each Receipt this Period 677.74
FEC ID number of contributing federal political committee. C		Interest Received	
Name of Employer	Occupation Bank	Aggregate Year-to-Date ▼ 3144.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Receipts This Page (optional) .....

677.74

**TOTAL** This Period (last page this line number only) .....

677.74

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 42

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A.** Friends of Max Baucus

Mailing Address P.O. Box 586

City  
Helena

State  
MT

Zip Code  
59624-

Purpose of Disbursement  
: STOP PAYMENT

Candidate Name  
MAX BAUCUS

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 00

**Transaction ID:** 70608.E945

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-2500.00

: STOP PAYMENT

Full Name (Last, First, Middle Initial)

**B.** Friends of Dick Durbin

Mailing Address P.O. Box 1949

City  
Springfield

State  
IL

Zip Code  
62705-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
RICHARD J DURBIN

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 00

**Transaction ID:** 70608.E934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Friends of Dick Durbin

Mailing Address P.O. Box 1949

City  
Springfield

State  
IL

Zip Code  
62705-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
RICHARD J DURBIN

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 00

**Transaction ID:** 70608.E936

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A.** Enzi For U.S. Senate

Mailing Address P.O. Box 2775

City State Zip Code  
Cody WY 82414-

Purpose of Disbursement  
: STOP PAYMENT

Candidate Name  
MICHAEL B ENZI

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 00

Transaction ID: 70608.E942

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

-2000.00

: STOP PAYMENT

Full Name (Last, First, Middle Initial)

**B.** Anna Eshoo for Congress

Mailing Address C/O Pfeiffer Associates  
2350 Taylor St. Ste 7

City State Zip Code  
San Francisco CA 94133-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
ANNA ESHOO

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 70608.E927

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** McConnell Senate Committee 08

Mailing Address P.O. Box 1496

City State Zip Code  
Louisville KY 40201-

Purpose of Disbursement  
: STOP PAYMENT

Candidate Name  
MITCH MCCONNELL

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: 70608.E943

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

-1000.00

: STOP PAYMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

-1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 42

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee 08**

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201-

Purpose of Disbursement  
: STOP PAYMENT

Candidate Name  
MITCH MCCONNELL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: 70608.E944

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

-1500.00

: STOP PAYMENT

Full Name (Last, First, Middle Initial)

**B. McCrery for Congress Committee**

Mailing Address PO Box 52956  
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135-2956

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
JAMES OTIS III MCCRERY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: 70608.E939

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Friends of Gordon Smith**

Mailing Address 900 19th Street NW 8th floor

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
GORDON HAROLD SMITH

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: 70608.E946

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A.** Voinovich for Senate

Mailing Address 1500 W 3rd St Ste 120

City Cleveland State OH Zip Code 44113-1447

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
GEORGE V VOINOVICH

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OH District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 70608.E937

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Voinovich for Senate

Mailing Address 1500 W 3rd St Ste 120

City Cleveland State OH Zip Code 44113-1447

Purpose of Disbursement  
: STOP PAYMENT

Candidate Name  
GEORGE V VOINOVICH

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OH District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70608.E941

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

-3000.00

: STOP PAYMENT

Full Name (Last, First, Middle Initial)

**C.** Voinovich for Senate

Mailing Address 1500 W 3rd St Ste 120

City Cleveland State OH Zip Code 44113-1447

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
GEORGE V VOINOVICH

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OH District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70608.E938

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

3000.00

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A.** Whitfield for Congress

Mailing Address 217 Third St SE

City  
Washington

State  
DC

Zip Code  
20003-1904

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
ED WHITFIELD

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: 70510.E926

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

6500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

## **A. Ohio House Republican Campaign Cmte**

Mailing Address 100 East Broad Street  
Suite 2225

City Columbus State OH Zip Code 43215-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 70608.E940

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. House Republican Campaign Committee**

Mailing Address 500 N 3rd St Fl 4  
4th Floor

City Harrisburg State PA Zip Code 17101-1165

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 70608.E928

Date of Disbursement

05 / 16 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Citizens for DeWine**

Mailing Address 506 Crisp Wind Ct

City Fairborn State OH Zip Code 45324-8607

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70608.E933

Date of Disbursement

05 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A.** Committee for Larry Flowers

Mailing Address 14 E Gay St Fl 2

City  
Columbus

State  
OH

Zip Code  
43215-3182

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 70608.E932**

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Husted for Ohio

Mailing Address 148 Sherbrooke Dr

City  
Kettering

State  
OH

Zip Code  
45429-1742

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 70608.E930**

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Pileggi for Senate Committee

Mailing Address 101 W Baltimore Ave Fl 2

City  
Media

State  
PA

Zip Code  
19063-3225

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 70608.E929**

Date of Disbursement

05 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A.** Committee to Elect Lynn Wachtmann

Mailing Address 550 Euclid Avenue

City  
Napoleon

State  
OH

Zip Code  
43545-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70608.E931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

12500.00